



## MECKLENBURG COUNTY Public Health

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### Health Advisory- Hepatitis A

Seven confirmed cases of hepatitis A virus (HAV) have been diagnosed in Mecklenburg County residents in 2018. Five of the seven cases have been reported since April 20th and have the risk factor of being men who have sex with men (MSM). Two of the five MSM cases are HIV positive. None of the seven hepatitis A cases have had documentation of receiving a completed hepatitis A vaccination series. Six of the seven HAV cases were hospitalized, including all five of the MSM cases. We are asking that medical providers maintain a high index of suspicion for HAV in all high-risk populations (persons with direct contact with persons who have hepatitis A, travelers to countries with high or intermediate endemicity of HAV infection, men who have sex with men, users of injection and non-injection drugs, persons with clotting factor disorders, persons working with non-human primates and household members and other close contacts of adopted children newly arriving from countries with high or intermediate hepatitis A endemicity) with focused attention to MSM clients that present with discrete onset of symptoms of acute hepatitis such as fever, fatigue, loss of appetite, nausea, vomiting, anorexia, malaise, abdominal pain, jaundice, dark colored urine, clay colored bowel movements, joint pain, and elevated serum aminotransferase levels. Multiple states are investigating outbreaks of HAV in the homeless, persons who use drugs, men who have sex with men, and their close direct contacts. From July 2016 to November 2017, 1200 cases nationwide have been reported to the Centers for Disease Control and Prevention (CDC) including 826 hospitalizations and 37 deaths. This advisory is intended to alert clinicians of local disease incidence, serve as a reminder for testing and reporting requirements, and strongly encourage hepatitis A vaccination in the MSM and other high-risk populations.

#### Diagnosis:

Only acute HAV is reportable in North Carolina as there is no chronic infection with HAV. The average incubation period is 28 days (range 15-50 days). The serologic test for acute HAV infection is IgM anti-HAV. This test is available through the State Laboratory of Public Health (SLPH) with prior approval and through commercial or hospital-based laboratories. **The North Carolina Communicable Disease Branch (CDB) request that serologic specimens collected at a private laboratory from persons with confirmed HAV who have a history of homelessness, injection or non-injection drug use, or MSM status be sent to the SLPH for submission to the CDC. Ideal specimens should be collected within four weeks of symptom onset. Please notify the CDB on call Epidemiologist (919-733-3419) of specimens that meet these criteria.**

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To request approval for acute HAV testing at SLPH, contact the CDB Epidemiologist on call (919-733-3419) or a Communicable Disease Nurse at Mecklenburg County Public Health (office 980-314-9201; after-hours 704-432-0871). Clinicians should also identify discrete symptoms for the onset of nausea, vomiting, abdominal pain, fatigue, and jaundice. Review AST and ALT results to verify presence of elevated liver enzymes, verify the correct serology (IgM anti-HAV serology) has been ordered, inquire if the patient is employed as a food handler or works in a daycare center, and identify other risk factors such as homelessness, use of injection or non-injection drug use, and MSM status.

#### **Prevention:**

Vaccination prior to exposure is the best way to prevent HAV. Hepatitis A vaccine is recommended for all children at age 1 year, travelers to regions with intermediate or high rates of hepatitis A, men who have sex with men (MSM), injection and non-injection drug users, persons who are homeless, persons with clotting-factor disorders, persons who work with HAV infected primates or with HAV in a research laboratory, persons with chronic liver disease, including those with hepatitis B and hepatitis C, family and care givers of recent adoptees from countries where HAV is common, and anyone else seeking long term protection. Single-antigen hepatitis A vaccine consists of two doses separated by six months.

**Beginning Wednesday June 6, 2018**, hepatitis A vaccine will be available at Mecklenburg County Health Department for no charge for clients with the following risk factors: Men who have sex with Men (MSM), anyone classified as homeless, injection and non-injection drug users, and direct contacts to hepatitis A cases. Walk-ins and appointments will be accepted. The telephone number for appointments is 704.336.6500.

#### **Control:**

Persons with HAV have peak levels of the virus in their stool one to two weeks before the onset of symptoms. Most cases of HAV are usually noninfectious after the first week of jaundice. Control and prevention of HAV rest upon the promotion of personal hygiene, immunization, and proper food and water sanitation. Hepatitis A vaccine should be given to contacts as soon as possible but no later than two weeks after exposure. This would include, but not limited to, close personal contacts, including household, sexual, drug use, and other close personal contacts. If the source case is a food handler, hepatitis A vaccine should be administered to other food handlers in the same establishment.

#### **Reporting:**

Acute HAV is a reportable condition in North Carolina. If you suspect a patient may be infected with acute hepatitis A, we urge you to contact the Mecklenburg County Public Health Communicable Disease Nurse as soon as HAV is suspected (office 980-314-9201; after hours 704-432-0871; facsimile 704-353-1202) or the North Carolina Division of Public Health Epidemiologist on-call office (office 919-733-3419; after hours 919-733-3419).

#### **Resources:**

Additional information about hepatitis A may be found on the CDC website at <https://www.cdc.gov/hepatitis/hav/index.htm>